

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 19636741 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
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8	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	9					
TOTAL DEP.	86	↓	↓	↓		
TOTAL CLAIMS	95					

*	*	*	*
IND.	DEP.	IND.	DEP.
51		/	
52		/	
53		/	
54		/	
55		/	
56	/		
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90		/	
91	/		
92		/	
93	/	/	
94		/	
95		/	
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS			